

Visiting Representative Name (see back for instructions):
Grantee and/or Jurisdiction:

Site #3	CIWMB ID:	-	-	Date:	/	/
Center Name:						
Street Address:						
City/Zip:						
Employee Name:						

[illegible]

Comments
Site #1:
Site #2:
Site #3:

Follow up
Site #1:
Site #2:
Site #3:

INSTRUCTIONS:

Visiting Representative Name: Name of person conducting the site visit. If contractor conducts site visit, please list both name of contractor and company name.

Grantee and/or jurisdiction: Name of County or city of the grantee.

CIWMB ID: The actual ID number given at the site of the certified center. If not known please locate it at our website. <http://www.ciwmb.ca.gov/UsedOil/CrtCntrs.asp>

Date: Day the site center was visited.

Center Name: The actual name of the business as seen by the public.

Street Address: Location of business must not be a P.O. Box.

City/Zip Code: Actual city and zip code of location.

Employee Name: The name of the person answering the site questions.

Center Requirements: Answer Yes or No.

Comments: Indicate outstanding problems such as the need for signs, written procedures to prevent accepting contaminated oil, list of places that accept contaminated oil, or other requirements not met by the center.

Follow-up: What was done to address the center needs and/or deficiencies, i.e. the need for signs, employee training, or references of places to dispose of contaminated used oil (local government).

Call (916) 341-6457 or FAX (916) 341-6467 Board staff for information. Copies of this form are available on CIWMB website at www.ciwmb.ca.gov/UsedOil/CertCenters/.